

**REGISTRATION:**      **Community Health Representative - Training**

Registering for Class:    \_\_\_ A    \_\_\_ B    \_\_\_ C    \_\_\_ D (see reverse side for class listing)

NAME    Last \_\_\_\_\_ First \_\_\_\_\_

DOB    \_\_\_/\_\_\_/\_\_\_    SS#    \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

\* Telephone # (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ best time to call \_\_\_\_\_ am/pm

\* Your Email address: \_\_\_\_\_

\* FAX #: Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CHR Program where you work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_

**If you plan to travel by AIR:** You will need a government issued photo ID if you travel by air.

### Airline Information:

Name of Airport: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Distance from home to airport (miles 1-way) \_\_\_\_\_

Lodging: Willing to share a double room? \_\_\_\_ Yes \_\_\_\_ No;

Name of possible roommate: \_\_\_\_\_

Roommate from: City: \_\_\_\_\_ State: \_\_\_\_\_

Have you spoken with this person about sharing a room? \_\_\_\_ Yes \_\_\_\_ No.

☐ Male ☐ Female    ☐ Smoker ☐ Non-Smoker    ☐ Handicapped

### Special Notes:

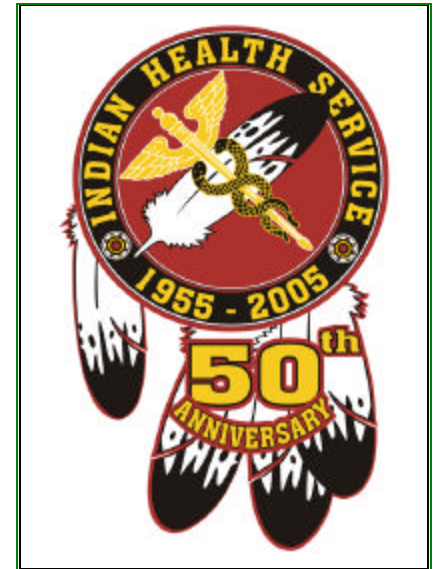
Registration does not guarantee your attendance. Please provide **all** of the information above so we may contact you to confirm your registration and APPROVED attendance; and to provide you with information for flight arrangements if you plan to travel by AIR.

Mail or fax this registration by the deadline shown on the other side of this page for the class you are requesting to attend, to

**Mail to:** MPHC \* PO Box 187 \* Ft. Meade, SD 57741

**FAX it to: 605-720-7119**

MPHC  
PO Box 187  
Ft. Meade, SD 57741



## REGISTRATION AND TRAVEL GUIDELINES

for

# COMMUNITY HEALTH REPRESENTATIVE (CHR)

# BASIC & REFRESHER TRAINING

A Training Initiative Funded by:

## Indian Health Services (IHS) CHR Headquarters

**Complete Registration form on other side of brochure**

Send to: Mountain Plains Health Consortium  
PO Box 187; Ft. Meade, SD 57741  
Or Telephone 605-720-7117  
FAX to: 1-605-720-7119 or:  
Email to: heds@heds.org

**Registration Deadlines:**

Class **A** - Refresher - June 1, 2005

Class **B** - Basic - June 15, 2005

Class **C** - Basic - August 1, 2005

Class **D** - Refresher - August 1, 2005

**Lodging Info:**

**Classes A & B**

Springhill Suites by Marriott  
1-785-841-2700  
6th & New Hampshire; Lawrence, KS 66044

**Classes C & D**

Great Wolf Lodge  
1-913-299-7001  
10401 Cabela Dr.; Kansas City, KS 66111

**Class Size Limits**

CHR Basic (B & C) — 60 Students  
CHR Refresher (A & D) — 30 Students  
Classes run from 8:00 AM to 5:00 PM each day.

**NOTE:** There will be one or two weekend dates, on which classes will be held, to insure enough time for the required training.

A 15-minute AM & PM break and a 1-hour lunch break will be given each conference date.

**TRAVEL REIMBURSEMENT GUIDELINES & CLASS SCHEDULE**

CLASS SCHEDULE			EXPENSE TYPE, DAILY RATE & LIMIT		
Class	Location	Class Type	Lodging	(M&IE)	Travel Day M&IE
<b>A</b>	Springhill Suites, Lawrence, KS	Refresher - July 10 - 14, 2005	\$65.00	\$31.00	\$23.25
<b>B</b>	Springhill Suites, Lawrence, KS	Basic - August 1 - 18, 2005	\$65.00	\$31.00	\$23.25
<b>C</b>	Great Wolf Lodge, Kansas City, KS	Basic - September 6 - 22, 2005	\$98.00	\$43.00	32.25
<b>D</b>	Great Wolf Lodge, Kansas City, KS	Refresher - September 12 - 16, 2005	\$98.00	\$43.00	\$32.25

**LODGING:** A Block of 30 Rooms (Classes B & C) and a Block of 15 Rooms (Classes A & D), all of which are designated "Double Occupancy," have been reserved for training at the hotels shown above.

CHR attendees who opt to occupy and share a room with another attendee at these trainings, should request from MPHC a room from the appropriate block. Double occupancy room charge plus taxes will be direct-billed and paid by MPHC. If you agree to share a room with another attendee and know the name of such attendee, please indicate that person's name on your registration form. MPHC will contact each approved applicant and will forward a list of approved attendees to the hotel prior to check-in; so, DO NOT contact the conference hotel for your room reservation. However, if you are approved to attend one of these trainings, and do not wish to share a room, you will need to make your own lodging reservations. Remember, you or your program will be reimbursed the lesser of actual or the maximum lodging rate shown in the above table for the respective class.

(Receipts will be required for reimbursement.) (Double occupancy will allow us to train more CHR's.)

**PER DIEM FOR MEALS AND INCIDENTAL EXPENSES (M & IE):** The daily Per Diem for Meals and Incidentals (M & IE) is shown in the above table for the CHR Basic and Refresher courses; the cost of all meals is your responsibility, but you will be reimbursed at the rates shown above for M&IE (Meals and Incidental Expenses)

Travel Per Diem for Meals & Incidental Expenses is permitted the day before and the day following the conference dates. Travel M & IE is calculated at 75% of normal per diem rates, based on the amounts for the conferences as shown in the above table.

**MILEAGE OR AIRFARE:** If you drive (within 400 miles one-way) you will be reimbursed for round trip mileage at the federal rate in effect at the time of the conference. MPHC will arrange air travel if you travel by air. Please complete all registration information so we may contact you regarding approved attendance, lodging and airline travel arrangements. **(Receipts required)**

**CLASS SCHEDULES:**

A detailed class schedule will be provided to attendees at the start of each **BASIC and REFRESHER** training class..

**PLEASE NOTE:**

- > These trainings are for tribal CHR Programs which have left their CHR Headquarters shares with IHS.
- > Completed registrations will be approved on a first-come, first-served basis, so don't delay sending in your completed registration form.
- > MPHC will notify EACH registrant who is APPROVED to attend.

**> REGISTRATION DEADLINES FOR EACH LISTED CLASS**

**As a courtesy to your instructors and your fellow CHR attendees, please**

**TURN-OFF or SILENCE**

**all pagers and cellular telephones at all training sessions.**